

CALIFORNIA MEDICAL JOURNAL

A Monthly Devoted to the Advancement of
MEDICINE, SURGERY AND THE COLLATERAL SCIENCES

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Vol. XV

SEPTEMBER, 1894.

No. 9.



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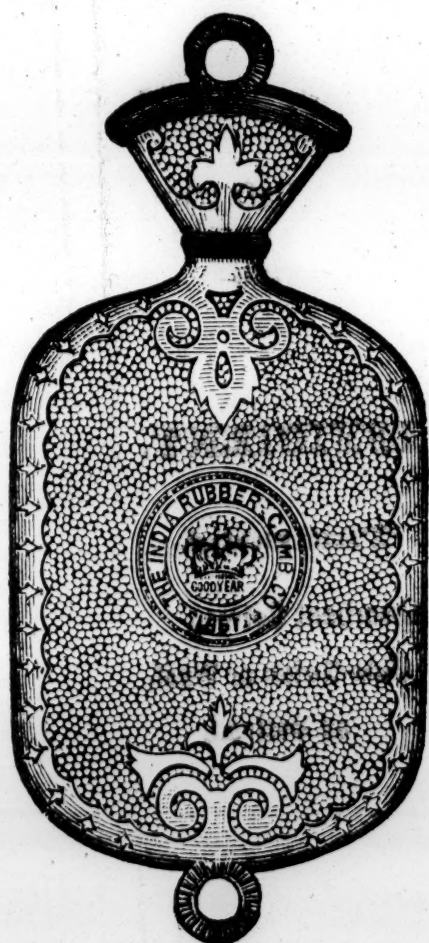
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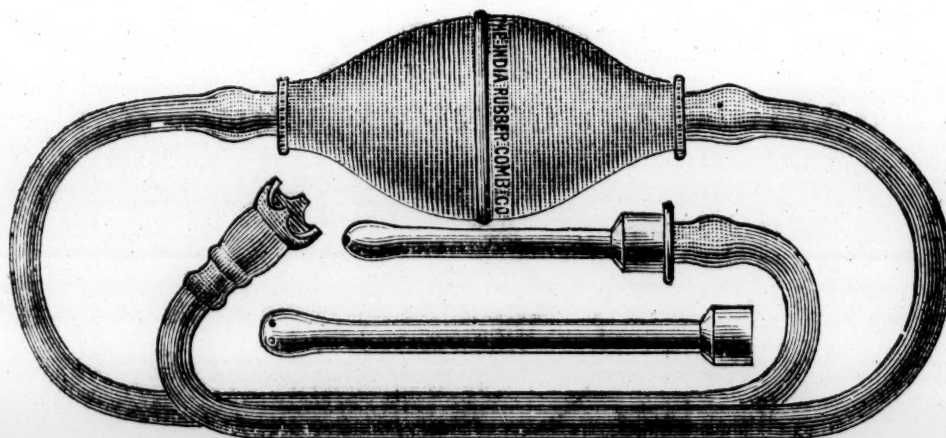
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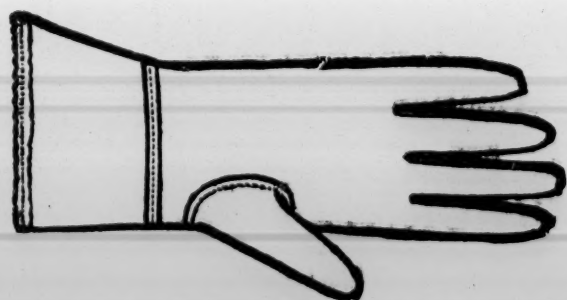
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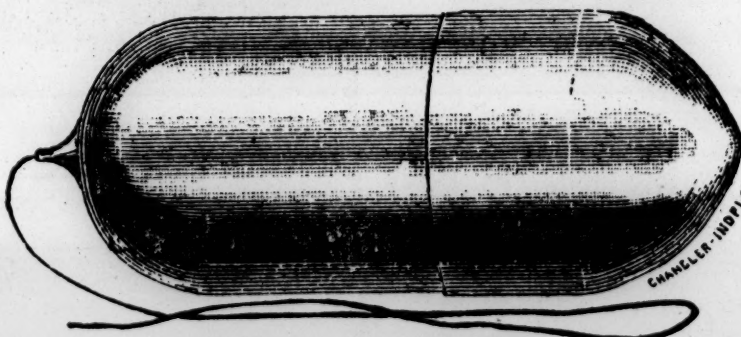
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THE

✧ CALIFORNIA * MEDICAL * JOURNAL. ✧

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Original Communications.

Calopractic Surgery—No. 4.

(Gr. *kalos*, beautiful, and *prassein*, to make.)

Lectures by PROF. GERE. California Medical College, Intermediate Course, '94.

Absence of coloring matter in the skin is rare and is known as *achroma* or albinism, or if occurring as the result of disease, as *leucopathia*. Where the pigment is universally absent the person is known as an Albino. These cases are usually congenital though a few instances have been observed of negroes turning white as a result of some obscure trophic disturbance. Achromatic patches are likely to be associated with disturbance of the nervous system like shock or hysteria (hair turning white suddenly), or debility and exhaustion of the pigmentary material. We may sometimes restore the color in these by means of local irritation such as the application of cantharides or stimulating frictions. Sulphur and iron internally supply coloring matter to the blood, but the drug having the most marked influence in increasing pigmentary deposit is *pilocarpus pinnatifolius* (Jaborandi) or its alkaloid *pilocarpin*. This drug is a stimulant to the glandular tissues generally, and especially to those of the skin, and naturally hyperæmia must accompany hyper-secretion.

Moles and warts are common blemishes and though often much alike in appearance are quite distinct in origin and

anatomical construction. A mole is usually congenital and permanent and is often discolored brown or reddish (*nævi*, or "mother's marks") and frequently in adult life is the seat of a luxuriant growth of hair (*nævi pilosi* or hairy moles) giving an unsightly appearance to an otherwise fair lady's face. Many are elevated and consist of a knot of fibrous or fibro-cellular tissue, others are flat and seem to be little more than circumscribed vascular patches with an extra amount of pigment (*nævi pigmentosa*) very similar to the ordinary vascular *nævi* or mother's marks of which I will speak hereafter. If thoroughly removed they are not likely to return. I formerly excised them with curved scissors, or, if in a location where a scar is objectionable, by means of an elliptical incision with a sharp scalpel, the skin being carefully approximated by two or three fine sutures, the little line of scar resulting being afterward unnoticeable. It is also recommended to apply carefully a strong solution of *potassa fusa*, two parts to one of water, which converts them in a few minutes into a transparent gelatinous mass which dries up into a black scab and afterwards drops off. I prefer now however, to remove them by electrolysis, in which case, if a current of proper strength is used (one to two milliamperes) no scar results and the relief is permanent. Hairy moles are generally cured by the current necessary to destroy the accompanying hairs in the manner to be hereafter described.

Warts (*verrucae-papillomatæ*) may occur at any time of life though, as they generally accompany a weakened condition of the skin, they are much more common in children and old people in whom they are often very large and numerous. They consist of enlarged papillæ covered by epidermis and well supplied with blood vessels. Sometimes the chief thickness is the horny epidermic layer greatly hypertrophied; in other locations there is but a small amount of epidermis and the wart is then likely to be branched or clubbed by the separation of the comparatively gigantic papillæ. They are presumably caused by the irritation of dirt or diseased se-

cretions, but seem to be greatly controlled by nervous influence as they sometimes appear suddenly in great numbers and the crop may as suddenly disappear on improvement in the health or surroundings. The influence of altered innervation is also observed in case of their being "charmed away" as so often occurs. Though generally brownish or dirty looking and disagreeable to the owner, warts are seldom considered as a serious trouble or dangerous to life, yet it is certain that many warts, if permitted to remain year after year, finally take on a malignant growth as *epithelioma* or skin cancer, which often proves fatal. They might in fact with some show of reason be regarded as embryo or quiescent cancers, for under the microscope they present a similar appearance and cannot, in that way, be diagnosed from genuine epitheliomata. If single, or not too numerous, warts may be removed by the method recommended for moles, though cauterization, actual or potential, is quite popular. If very numerous, remedies directed to improving the general health and securing proper innervation should be given internally. An old remedy is *liquor arsenicalis*, one to three drops after meals with local inunctions of sulphur or tar ointment. Latterly *thuja occidentalis* is becoming popular, being given in doses of from five drops of the fluid extract down to infinitesimal homœopathic dilutions two or three times a day, also applied externally. Dr. Washington claims to remove them in two weeks time with the doses first mentioned, while I knew a fashionable homœopathist of this city to treat a boy two years with the infinitesimal dose and when I last saw the child his little pets were more exuberant and prosperous looking than ever. It is said that daily applications of castor oil will remove them though I have not much faith in it. A more certain remedy is corrosive sublimate (*hydrargyrum bichloridum*) fifteen grains to an ounce of collodion applied with care once a day. Salicylic acid is a good remedy either in collodion or dry. An alcoholic solution of thymol is also recommended, as well as sulphate of magnesia internally.

Roesen (*Munchener Medic. Wochenschr.*, No. 9, 1888) has found the following procedure very serviceable in removing warts and callosities, etc.:

The thickened epidermis is slightly moistened with an antiseptic solution (boracic or salicylic acid) and then covered with a fairly thick layer of pure crystallized salicylic acid. Over this is placed moist borated lint in four layers, a piece of gutta percha fabric and a bandage. In the case of small warts and callosities, the dressing is allowed to remain for five days. On removal it will be found that the thickened tissue is somewhat shrunken and has separated from the subjacent parts, which are covered with perfectly normal skin, presenting no traces of injury or bleeding. The author has never seen any caustic effect from this application on the surrounding and subjacent tissues. If the callosity is of any considerable thickness, as is often seen on the sole of the foot, the dressing should be left in place for ten days or renewed after five days. The great advantage of this application is that the effects of the salicylic acid are localized to the thickened area.

Nævi (port wine spots—mother's marks) often seriously disfigure the face or person. They are closely allied to moles, being often elevated, but differ in that the abnormal tissue consists chiefly of dilated and convoluted capillaries and the blood therein showing through gives a more or less vivid redness to the patch. These spots are congenital and persistent, increasing in size with the growth of the individual generally, but sometimes disproportionately. They often resemble (or at least are fancied to) a strawberry, grape, cherry or a splash of port or claret, so are believed by many to be due to pre-natal maternal impressions, hence the name of "mother's mark". Very few however, if any, can be rationally attributed to this source. The common seat of these capillary tumors—for they belong to the class of angiomata (teleangiectasis)—is the scalp, face or trunk; some are beneath the surface but most of them implicate the skin at

least in the middle of the tumor. The cure is either complete surgical removal or replacing the vascular connective with fibrous (scar) tissue. If they are thick and not too large the first method is best, but if superficial or widespread the second is to be preferred. Excision may be done with the scalpel or scissors and the skin is to be coapted with fine sutures to avoid an objectionable scar. In some cases where hemorrhage is to be feared the ecraseur or ligatures either external or subcutaneous may be utilized. To substitute fibrous for capillary tissue cautery, either actual or potential, may be resorted to, if the latter, some agent like chloride of zinc or vienna paste that makes a dry slough is preferable, remembering however that a scar on the face may be more objectionable than the original *nævus*. Sometimes astringent solutions are injected hypodermically producing sufficient inflammation to close up the capillaries but without causing destruction of the entire tissue. The materials most often injected are solutions of perchloride of iron, ergot, tannic or carbolic acid. If the *nævus* is situated over a bone where pressure can be brought to bear this may be utilized by means of proper compresses and bandages.

A large but superficial spot may be removed piecemeal by excising long, narrow strips, drawing the skin together and waiting a few weeks for fixation before repeating the process. Scarification with needles, a delicate knife or special instrument made for the purpose produces a multitude of small scars which have the aggregate effect of a large one without being so noticeable. Electrolysis may be resorted to, but in this case the positive electrode, in the shape of gold or platinum needles, should be applied instead of the negative as heretofore recommended, for the reason that the negative current loosens the tissues and so favors hemorrhage while the positive shrinks the tissues and hence closes up the vessels. The reason for using gold or platinum needles instead of iron or steel as with the negative, is that the positive is an oxidising current and would dye the tissues black with iron from the ordinary needles.

"Small superficial nævi may often be removed entirely by painting flexile collodion for half an inch around the growth, and applying a four per cent solution of corrosive sublimate to the nævus. Cover this with collodion also, and on removal in a week or two there will remain nothing but a small removable scab."—*Med. World.*

Another prescription by Wenman is to rub on daily for three or four days an ointment of biniodide of mercury one part to seven parts of vaseline or lard; this is said to cure in ten days.

Cerebral Complications.

BY L. S. DOWNS, M. D., Galveston, Texas.

I have just written a death certificate for a four months babe, male, very small and delicate in appearance, but bright and spry. It had been artificially fed from birth. It had two or three attacks of indigestion and febricula, and each time gave evidence of enfeebled vitality and more than ordinarily bad symptoms.

On the twenty-second of July, at noon, the mother brought the child to my office for treatment. I examined it carefully and found the following conditions: no fever; surface, cool and moist; pulse, a little quick and feeble; eyes, bright and pupils normal; it was a little uneasy and restless. The mother said its bowels had moved four or five times during the forenoon. I gave it a few drops of ipecac and a drop of nux in four ounces of water, more for the mother's relief than for the child's.

The child became restless and vomited, and the discharge from the bowels became copious and very liquid. About five p. m. I was telephoned for, but had been called out of the city, and did not return until late, so another doctor was summoned to give relief till I came. He was of the "R" per-

suasion, and pronounced the disease gastritis and prescribed cinnamon water and creta which he said would relieve it till I came; but each dose seemed to make it more restless, said the mother, and I was telephoned for at midnight.

I found the following symptoms: cold extremities, bowels tympanitic and tender, with offensive, colorless, watery discharges. The eyes were bright; pupils, contracted; face pale; skin, moist and cool. The head was hot, tongue normal in shape, but clean and dry. The child cried continually with a short, quick gasp or moan. There was also a tremor of its hands and arms, a continual fluttering motion of the same. It breathed very rapidly and the pulse beats were so small and fast that I could not count them. It had high fever, threatened delirium or spasm, and a ravenous thirst. I gave gelsemium in full doses with hot applications to the hands and feet for thirty minutes with no change. The child had not rested a moment for twelve hours, so I endeavored to control it with *Passiflora*, about forty drops of the specific but it gave no relief. I now tried in succession *hyoscyamus*, *cannabis ind.*, *rhus tox*, *stramonium*, *bromides*. etc. The hot bath would relieve for a few minutes, but was too exhausting.

It was now five in the morning and no change, save that the child was rapidly failing. Its fever was now 103° , with the other symptoms as given above. I now put it on *rhus* and *aconite*, had its head continually sponged with hot water and fanned gently, and the room made dark and quiet. I saw it again at noon and night, with no material change except it was unconscious. I gave it *belladonna* but it gave no relief. Tuesday morning it refused everything; at noon it could not swallow and died at 2 p. m.

I report this case as typical of a class of fatalities that all schools alike meet with. Now, if there is a man in our school who can tell me how to relieve this condition he will confer a great favor upon me and the profession generally, as well as suffering humanity.

I can generally relieve, and favorably terminate cerebral hyperæmia with comatose conditions and bad capillary circulation; where there is cool and pallid skin, dull and expressionless eyes, dilated pupils and general relaxation; or where there is a high tension, restlessness, dry, harsh skin, bright eyes, contracted pupils, with arrested secretions, fever and marked cerebral disturbance. But mark the difference. It is not sthenic or asthenic, it is an intermingling of the two conditions, and belladonna makes them crazy, gelsemium has no effect, baths give temporary relief, opium is fatal; bromides are dangerous and useless; chloral, depressive and abortive; mono bromide camphor is too stimulating and invariably makes my patients worse. Homœopathists say the tissue remedies are *par excellence*. I have not tested them sufficiently to know, if any of you have, give us your results.

I hope to hear through the JOURNAL, from those who have treated these complications with more than ordinary success.

Nervous Headache.

R. Williams, surgeon, 69 Vauxhall Road, Liverpool, England, says: I obtained very good results from the use of Celerina in cases of nervous headache arising from general debility. The patients made rapid progress by taking Celerina in teaspoonful doses, thrice daily. Ordinary treatment had failed to give much relief or satisfaction previous to taking Celerina. In conclusion, I consider the preparation will not in any way disappoint any physician in its therapeutic effects, but will be found a reliable remedy for the purposes indicated.

Faradism.

BY DR. TILLIE CAMPBELL, Berkeley, California.

Inductive electricity or Faradism, was first discovered by Farady in 1830. This discovery was not the result of accident but of long and laborious experimentation. As early as 1825 Farady had sought to make a wire through which the galvanic current while passing, would induce a current in a neighboring wire, just as a conductor charged with Franklinic electricity would have done; but not until 1831 did he find out that the current must be broken or closed, approached or withdrawn before this could be accomplished. His electro-magnetic induction experiments led to the invention of the Kuhmkorff coil, which has ever since served for the production of the Faradic, induced or interrupted current.

Not one of the earlier instruments has survived, but among the first invented was the apparatus for the therapeutic use of voltaic induction currents, constructed in 1831 by Masson of France; and another in 1832 by Pixii or Pixon, for the application of magneto-electric currents and was first employed in the treatment of diseases by Neef, of Frankfort

These soon yielded to the more convenient Galvano-Faradic instruments, which, having gone through numerous improvements, are the medical instruments of the present day.

For the proper utilization of the valuable therapeutic properties of the Faradic current, an apparatus more perfect in its interrupter and coils is necessary, and electrotherapeutics expect to find this in the new Engelmann battery of the firm of Waite & Bartlett, New York, which has just been awarded the first prize at the World's Fair. This instrument varies in several important elements from any previously constructed; it furnishes all the different qualities of the Faradic current with the greatest possible range

of variation, it admits of the perfect control of the current, and the absolute precision of record, which is perhaps its most important feature, as this is something which has been repeatedly attempted but never hitherto obtained, thus this instrument, by its speed indicator, rheostal, and am-meter enables us to record and dose the Faradic current, and its rapidity of interruption, 50,000 per minute, enables us to secure sedative and anæsthetic effects which can be obtained in no other way.

The choice of a Faradic apparatus is all-important to the physician who would use Faradism to advantage in his practice. The Galvanic current is the same whether taken from a home-made instrument of two dozen fruit jars into which the carbons and zincs are placed, if they are only properly coupled, or if it is from a battery in mahogany box or cabinet; but the character of the Faradic current varies more or less with every detail of construction, with length, thickness, and kind of core, dimensions of coils, length and thickness of wire, insulation, number and character of interruptions; and its utility depends greatly upon the method of contact-breaking and of gradation of current.

In order to have success with Faradism the electro-therapeutist ought to have a thorough knowledge of electro-physics, electro-physiology and electro-therapeutical anatomy, it ought to be studied as any other therapeutical agent, and it is to the want of proper attention to these subjects that there have been so many failures.

I have heard some say that Faradism was good merely for contracting the muscles, that they have never got any benefit from it in the relief of pain, or any sedative effect whatever, others have looked upon it only as a stimulant and employed it only when active stimulation was necessary. I think that if these physicians had studied more closely the effect of Faradism on their different patients, they would have seen that it is not only a stimulant but also a tonic and sedative according to the length of the application, the

strength of the current and the temperament of the patient.

There are various modes of applying Faradism. I will take them in the order of their discovery or use: First, localized or polar, this is of course to confine the direct action of the current as far as possible to some particular part of the body.

The first attempt to localize electricity was made by Sarlandiere in 1825 by a sort of Galvanic puncture; he sought to limit the effect to certain muscles and nerves by guiding the current directly to the part by means of needles, one connected with either pole, and plunged into the tissues so as to concentrate the current upon that part of the muscle or nerve between them, but the pain caused by this method so far surpassed any benefit that it found little favor. It was Duchene of Boulogne, whose experiments and discoveries gave such an impetus to this form of Faradization. Enthusiast as he was, he practically excluded galvanism from the field by conforming his work to this one form of electricity. He not only discovered its physiological and therapeutical properties, but developed and perfected them to such a degree that but little has been added since his day.

As far back as the forties he recognized the difference between the primary and secondary—or in other words, heavy and fine coils, this discovery was made while Faradizing the bladder, with one electrode in the rectum and the other in the bladder. Finding some irritation of the sacral plexus in the use of the secondary coil, he desired to weaken the current and inserted the primary, which, contrary to his expectations, proved still stronger and caused intense suffering, so he clearly established the difference in the character of the current from primary and secondary coils. To give a few instances of localized Faradism—if a dry electrode be pressed against the skin while a Faradic current is passing, the electricity will penetrate only very slightly to the deeper tissues unless the current is very intense, because of the great resistance offered by the skin. There is a change

in the circulation; at first there is anæmia, the calibre of the blood vessels being narrowed, through the action of the current on the vaso-motor nerves. This contraction with anæmia is spasmodic in character and only lasts for a time, then gives place to hyperæmia, the skin becoming red and remaining so for a varying length of time, according to the strength of the current or the length of the application. Dry Faradization of the skin is a painful operation, and is only used in cases of anæsthesia and neuralgia; the pain is caused by the irritation of the extremities of the sensory nerves, and the electricity acting upon the dry surface of the skin produces a peculiar crackling or humming sound. This operation can be rendered almost painless by substituting the dry hand for the artificial electrode.

Another effect of Faradizing the skin is the phenomenon of "goose flesh" which is noticed not only where the electrodes are applied and between them, but at a distance; it is more observed in the nervous and feeble, than in the hardy and strong. Faradizing the region of the cervical sympathetic has a marked temporary influence over the retinal circulation, mild currents and short applications cause contraction, while strong currents and long applications cause dilatation; impressible and nervous temperaments are more readily affected than the cold and phlegmatic. This current when applied so as to traverse the region of the neck in which the pneumo-gastric and cervical ganglia of the sympathetic are situated, markedly effect the pulse; in general it may be said that the force is increased, which is shown in the abruptness of the systole and diastole, and in the shortening of the interval between the cardiac and arterial impulses.

In general Faradization, so earnestly advocated by Dr. Rockwell, the aim is to bring the whole body under the influence of the current as far as possible by external application. This is best accomplished by placing one pole (usually the negative) at the feet or coccyx, while the other is

applied over the surface of the body. The patient should be seated on an ordinary stool or chair without a back with his face towards the instrument and his feet on a sheet of tin or copper, to which the cathode is attached. Those patients who through debility or paralysis, are unable to sit up can receive the treatment while lying in bed or on a lounge.

The head, especially the forehead, is by far more sensitive to electric currents than any other portion of the surface of the body, for two reasons: the surface of bones are always sensitive to Faradic currents, and the cranium is no exception to this law; and then the fifth pair is an exceedingly sensitive nerve in all its ramifications, but especially so over the forehead. In treating the forehead, therefore, the operator should use the moistened hand and press it first firmly over the brow then make the connection with the other hand on the sponge of the positive pole. A very important center for affecting the brain is the crown of the head between the ears, over the cranial center, if the moistened electrode is applied over this part a peculiar and slightly painful sensation is experienced, in some exceptional cases of diseases the head will bear quite strong currents. The back of the head over the cerebellum will usually bear strong applications, the current is felt through the ramifications of the occipital nerves, giving rise often to sensations not only painless but agreeable.

Very marked effects may be produced by general Faradization even when the applications are made only to the back and sides of the neck, on account of the anatomy of the parts. From the upper portion of the spine and the base of the brain proceed the most important and sensitive nerves of the body—the pneumo-gastric, brachial plexus and the phrenic nerves, also the sympathetic or ganglionic system runs close to the spine near to the carotid artery, and may be reached and affected electrically by pressing firmly with the fingers or electrode, at the anterior border of the ster-

no-cleido-mastoid muscle. If an electrode be passed firmly on the cilio-spinal center, over the sixth and seventh cervical vertebræ, and moved slightly on either side of the spine, the electric influence may be communicated not only to the spine but also to the larynx through the laryngial nerves, to the stomach, lungs and diaphragm through the pneumogastric and phenic nerves, to both arms and hands through the brachial plexuses and their branches, in short, to the most important nerves and organs of the body. The sympathetic is also directly affected at this point. This application, so far from being painful, is to many positively agreeable, but the immediate sensations which it produces are by no means uniform.

Some patients, through irritation of the laryngial nerves, cough spasmodically and even violently under a mild current, while on others a strong current has no such effect. This application will achieve decided tonic effects on the system, even when no other portion of the body is touched. It is not always necessary to go to the trouble of Faradizing the upper extremities, but in many it is a decided advantage to do so, the electrode or hand of the operator should be passed thoroughly over the hands and arms with sufficient force to produce agreeable contractions of all the superficial muscles. Stronger currents may be borne over the middle of the spine than perhaps over any other portion of the body. There are no very sensitive peripheral nerves in the back, and the spinal cord is so thoroughly protected by its long covering that the currents are never felt in it painfully, except when it is greatly exhausted or organically diseased. The best method of treating the back is to pass the electrode down its entire length, from the first cervical vertebra to the cauda-equina, carefully avoiding the prominences of the scapulæ and the ossa innominatæ, below the inferior angle of the scapulæ the sponge may be moved from side to side over the regions of the liver, spleen and kidneys. That the lungs and heart are less influenced by electrization

than other important organs, is accounted for by the anatomical structure of the chest. The ribs with the intercostal muscles and ligaments, form an unyielding wall; furthermore, the pleuræ and pericardium are not closely adherent to the inner wall of the chest, but lie loosely over the lungs and chest. These organs, therefore, are best affected by applications above the sternum, around the neck, over the upper half of the spine, whence the nerve supply of the thoracic viscera proceeds, and by direct electrization of the vagus in the neck. Applications over the chest are, however, of positive and permanent service, by developing the thoracic and intercostal muscles, and, therefore, should not be neglected. But it should not be forgotten that the surfaces of the ribs, like the surfaces of all other bones, are sensitive, and that, therefore, the chest will not bear as strong applications as the spine, neck or abdominal regions. This sensitiveness is most marked on the inferior ribs of the right and left sides of the body, over the liver and spleen, and is sometimes erroneously supposed to indicate disease of the organs beneath them. To reach the stomach and solar plexus, place the electrode below and under the sternum as far back as possible. This pressure brings the peritoneum and stomach into coaptation and forces the current to pass through them. The bowels may be treated with either labile or stable current, and in cases of obstinate constipation, by sudden interruptions or shocks. Unless there be weakness or paralysis of the lower limbs it is not always necessary to apply the current directly to them, because when the copper plate is at the feet, the muscles below the knee are more or less exercised during the whole treatment. It is best that the first applications should be made with a gentle current, then after the patient has become accustomed to the treatment they can be made pleasantly painful.

The bipolar method is the localization of the current by means of a single electrode carrying two poles, and has of late assumed prominence on account of the able and ener-

getic work of Apostoli in uterine and pelvic diseases. It is restricted almost wholly in its use to the inner parts, the cavities and mucous membranes, currents of quantity for muscle effects, and currents of tension as nerve stimulant or sedative, can both be used to advantage and without causing pain.

The advantage claimed by Apostoli for this method in internal applications, are, that it is more simple, requiring no assistant, that it is less painful, the sensitive skin being avoided, it is more active, as localizing the full effect of the current used upon one small part, and that it is more efficient, as it admits of the use of stronger currents by reason of the lessened sensibility.

Faradic massage, or more properly speaking, a combination of massage and Faradization, is generally applied by a current from the ordinary battery, by means of a plate or roller massage electrode; some have the generator within the roller. The stimulating effect of massage is augmented by the penetrating powers of the current, which extends its range of action to the deeper tissues without adding to the superficial irritations, and the calming sedative effect of mechanical manipulation is also increased by the direct action of tension currents upon the nerve fibres. This form of Faradization is useful in various forms of nerve-exhaustion, neuralgias and headaches, chlorosis, paralysis, constipation, muscular rheumatism and in certain phases of articular rheumatism.

The Faradic bath is used in much the same class of cases as the Faradic massage, though more general in its effect. It is unfortunate that this useful agent should be more or less relegated to quackery. In place of being conscientiously applied by skilled hands under proper conditions, we find it in public establishments handled by an ignorant attendant and given to whoever pays for it, in many cases, of course, the effect is pleasant and satisfactory, but if the patient be sensitive or the case one contra-indicating either

the bath or the current, the unfortunate health seeker may be carried away unconscious, or may receive a shock from which it will take him or her days to recover. I knew of one old lady in San Jose who had been treated in this way, and although well directed electric treatment would have benefited her greatly, she could never be prevailed upon to take it, she said "She had been too near death by electricity once, to ever wish to try it again."

The Faradic douche is, I think, the last method requiring mention, it is a valuable agent in its proper sphere. The douche proper, hot or cold, is used as the rheophore or conductor to carry the Faradic current, a large plate electrode is applied as the independent pole to a new surface of the body and the spray is thrown at a distance of from six to twelve inches, upon the part to be reached. This is an admirable application in spinal weakness, and locally in uterine and spinal diseases.

As this paper is already too long, I will only mention some of the diseases and conditions where this form of electricity has given the best results. Diagnostically the Faradic current is valuable for determining the existence, the increase or decrease of pathological excitability, differentiating between central and peripheral lesions, and in the detection of simulation. In gynæcological practice it is of importance in differentiating between abdominal pains of an hysterical and those of an inflammatory character. The fine coil or tension current with its sedative influence having a calming effect on hysterical suffering, especially in the abdominal and ovarian regions. This means of differentiation recently emphasized by Apostoli, should be more frequently resorted to, as many a patient is subjected to operation for ovarian pain of a purely hysterical nature, which could have been detected and relieved by the Faradic current had it been properly tested.

In arrested or under development of the uterus, tubes and

ovaries, the Faradic current from the long fine wire spool as strong as the patient can bear it without actual pain, for ten minutes three times a week, or when possible to use the flexible bipolar electrode of Apostoli, or that of Gunning, in the uterine cavity, increased growth and functional activity of the organs will be developed.

In obstetrical practice the Faradic current may often be utilized. As early as 1844 it was used to bring on contractions in adynamic conditions of the uterus necessitating immediate delivery. Dempsey records a case where, after large doses of ergot had failed, Faradization for forty minutes produced contractions which resulted in delivery. MacKenzie succeeded in stopping hemorrhage in severe cases of placenta-prævia, also in post-partum hemorrhage it has been successful when other means has failed. In arrested involution of the post-parturient uterus, when the natural process is sluggish by reason of a diminished rate of shrinkage in the muscular fibres, a few applications of the Faradic current will stimulate the flagging muscular tissue to develop its normal tone. As a galactagogue it has also been used with success, and in Ectopic gestation where it is essential to destroy the foetus in order to save the mother.

In disorders of menstruation, especially amenorrhœa and dysmenorrhœa, and at the menopause, either general or localized Faradization will relieve many of the troublesome symptoms. The process of exciting artificial respiration by Faradization, in cases of apparent death from drowning or suffocation through poisonous gases or of asphyxia in the new-born infant is familiar. In the different forms of paralysis Faradism finds a place; in neurasthenia, hysteria and allied affections it has been successful in many cases, in sub-acute and even in inflammatory rheumatism there have been good results, in fact, some form of Faradization will be found useful in all chronic and many acute diseases which can be easily proved by its tonic effects, a few of

which are: relief of insomnia, increase of appetite and improvement of digestion, regulation of the secretions, excretions, improvement in the circulation, relief in nervousness and mental depression, increase in the size and hardness of the muscles, and in the weight of the body; and in consequence, increased disposition and capacity for labor of the muscles and of the brain—because whatever tends, directly or indirectly, to improve nutrition must of necessity increase the capacity for intellectual and muscular toil.

Dysentery.

By LEWIS LEE, M. D., Modesto, Cal.

Dear Editor:—Concerning this very prevalent disease which exists now in all parts of this state, perhaps a few lines would not be out of place, and would prove acceptable for publication in our JOURNAL.

Dysentery consists chiefly of inflammation of the mucous membrane of the large intestine. The inflammation rarely involves the deeper layers or extends past the ileo-cæcal valve. It is supposed to commence in the solitary glands that lie scattered over the surface of this portion of the intestine. These become enlarged and prominent, looking somewhat like smallpox pustules. They probably form the foci for most of the ulcers, which are sometimes narrow and oblong, lying across the gut; sometimes very large and irregular, with great patches of thickened mucous membrane. In tropical climates the liver is specially disposed to suffer, and ordinary or septicæmic abscesses may occur. So also the spleen and pancreas may be enlarged, softened or indurated, and become the seat of abscesses. The lungs may be similarly involved, and the bronchial tubes may be filled with puriform exudation, or fully developed abscesses may be observed.

The site and extent of the ulcerations vary; the sigmoid

flexure is a common site, the cæcum in certain cases and the rectum in others are principally implicated. In some severe instances the whole gut is covered with ulcers, while in fatal cases—Virchow's diphtheritic or gangrenous dysentery—the entire tract of the large intestine is a tattered mass of disorganization, the natural appearance of the mucous membrane being lost; it is covered with discolored patches, with fibrous shreds and commingled mucus, pus and blood. Dysentery, not arrested in its early stage by treatment and not rapidly fatal, is termed chronic, and the condition is doubtless occasioned by structural changes in the bowel, *i. e.* thickening and imperfect cicatrization of the ulcers and the permanently injured state of the glandular structures.

Dysentery may be either epidemic or sporadic. The former is peculiar to tropical climates and seems dependent on a miasma, emanating from the soil, attacking the system generally, and locating itself in the intestine; the latter may occur in all sorts of places, in adults as well as children, and is the result of the lodgement of masses of fœcal matter in the lower bowel which act as foreign bodies, giving rise to inflammation, ending in dysenteric symptoms. In neither form is the disease contagious.

Dysentery begins in both its sporadic and epidemic variety with diarrhœa, after there have been irregular stools or constipation; there is also lassitude, want of appetite, and a listless attention to ordinary occupations. On the third or fourth day, usually at night, the diarrhœa becomes more severe, and attended with shivering or rigors; pain is felt in the abdomen; the desire to go to stool is intense; little fæces after a time are passed, and there is a straining or burning pain at the anus and rectum (tenesmus). With the disappearance of the fæces there appears bloody mucus or pure blood, in the midst of which are often seen little white clumps, or round bits looking like minced raw meat. The patient may seek to go to stool from twenty to thirty times in a night, and then, as might be expected, becomes giddy and faint from loss of

blood and exhaustion. The disease may last in this acute form six to eight days, with remissions in the morning and aggravations at night. As symptoms of amendment, may be mentioned the mushy, even-formed stools alternating with the characteristic bloody, mucous ones. In very severe cases the tenesmus increases, the dejections flow uncontrolled and are largely mixed with blood, collapse sets in and the patient dies of asthenia.

When the disease becomes chronic it is very intractable, and frequent relapses, offensive discharges and great pain and exhaustion occur. Sporadic dysentery generally terminates favorably. The mortality of the epidemic form may reach forty or fifty per cent; in slight cases, convalescence is complete in about three weeks; in medium severe cases, in about seven weeks; severe cases, if they do not terminate fatally on the eighth or ninth day, may last an indefinite length of time.

During an epidemic of dysentery all unnecessary crowding should be avoided, and uncleanness prevented. The discharges of the patient should be disinfected. Potatoes, salads, unripe fruit, greasy food, spices or pickles should not be taken; while ripe fruit and stewed apples are advantageous. Flannel bandages should be worn round the abdomen. Should an attack of dysentery set in, the patient must remain in bed in a room of equal temperature; the diet should consist of milk, soup and yolk of eggs; the object of the dietary being to form small not bulky stools. Thirst is alleviated by meal-gruel, and the tenesmus by starch enemata, with tr. opii gtts. x in each. Ipecac in small doses forms the mainstay of English treatment, and there is no doubt, from the personal experience of those who have used it, that its effects are wonderful. I have given 25 grains of the pulv. ipecac with syr. aurantii and grs. x of carbonate of soda to neutralize acidity. This may not sound Eclectic but it saves life just the same which is the object of every physician. No fluid should be taken for three hours, although if the thirst is great ice may be sucked occasionally. Some use the veg-

etable astringents such as tannin, rhatany, catechu, geranii, etc., but the last three years I have used small doses of cupri sulph. with splendid results in all cases. Of course in severe forms the object is to prevent collapse, hence spt. ammon., arom. or spt. vin. Gall. are necessary.

A Study of the Pelvis.

BY VICTORY A. DERRICK, M. D., Oakland, Cal.

In the study of osteology there is perhaps no part of the bony framework so important, so complex and yet so interesting as the pelvis. Even among the lower animals its function is complicated while with the genus homo it is doubly so. The word pelvis means *basin*. It is so constructed as to combine great strength with lightness. In very early life it is composed of fourteen or sixteen separate pieces but in the adult it consists only of four, viz., the sacrum, coccyx and the two ossa innominata. Of these the first two form its anterior and lateral walls. The ossa innominata are again divided into the ilium, ischium and pubes. This bony basin, the pelvis, is situated between the spinal column above, and the lower extremities below, which are attached to it by muscles and ligaments.

Some have supposed from a superficial study of the pelvis that its form would better serve its purpose were its possessor a quadruped. Comparative anatomy, however, reveals some striking differences between the pelvis in man and that in the lower animals. In all other mammals the habitual and only natural position of the animal is prone, the dorsal surface being superior, the ventral inferior. In them the weight of the posterior portion of the body only is sustained by the pelvis being transmitted through it to the acetabuli and thence transferred to the heads of the thigh bones. In man the sacrum is much broader and stronger

comparatively and must sustain the entire weight of the head, body and upper extremities. This augmented weight is transmitted by the last lumbar vertebra to the base of the sacrum and thence to the femora while standing and to the ischial tuberosities while sitting. Thus the sacrum may be compared to the keystone of a double arch—the cotylo-sacral or standing arch and the ischio-sacral or sitting arch. Instead of depending upon abutments for support these arches are reinforced by connecting links or ties which unite at the symphysis pubes. At the same time this arch prevents inward pressure by the head of the femur. The shock which would naturally occur from the direct communication is in a great measure obviated by the oblique manner in which the sacrum is placed.

In addition to these elaborate mechanical functions another new and special use is assigned to the human pelvis, *i. e.* the support of the pelvic viscera, including the organs of generation. In the female the cavity is more capacious than in the male, and the spines of the ischium project less far into it, the arch of the pubes is wider, the iliac fossæ are broader, the bones are smoother and it is in every way better adapted to its special function, though less massive in structure than the male.

In all the lower animals, even including those in which the erect posture is sometimes assumed, the abdominal, and to some extent the pelvic viscera, are supported by the lower abdominal wall, hence, in these animals the uterus when pregnant naturally gravitates downward and forward drawing it away from the outlet of the pelvis. In the human species, however, the pregnant uterus must to a considerable extent find its support at the pelvic brim, nor has nature overlooked the necessity of the situation, for were the pelvis a straight tube but little or no support could be offered. But the marked curve making the axis of the brim fall at the sacro-coccygial junction interposes a bony structure to aid the sacro-sciatic ligaments, the levators ani and coccy-

geal muscles and the perinæum in forming a firm floor for its support. While great advantage is thus given in the support of the organs it is the cause of increased difficulty in delivery. Indeed, so great is this disadvantage that were it not for the fact that the depth of the anterior wall is only one and one-half inches, labor would always be exceedingly difficult, and in many cases impossible. This shortness of the symphysis, which is peculiar to the human species admits of the widest development of the arch and to a great extent compensates for the curved direction of the axis of the cavity and the unyielding character of its structure.

The Metric System.

BY DR. H. E. PASTOR, San Francisco.

The metric (or decimal) system of measurement is slowly but certainly gaining in favor among scientific men of all civilized countries. It is manifestly destined to supersede, in time, every other system of measurement in use. The greatest barrier to its spread is the unfamiliarity of the masses of the people with its use, and their indisposition to make the necessary effort to acquire a working knowledge of the system. The old system answers all ordinary purposes, and ordinary people are satisfied with ordinary things—no extraordinary effort without extraordinary inducement. Great bodies are notoriously slow of movement, but they do move. The progress of the world, like that of the hourhand of a clock, is not perceptible at a cursory glance, but there is progress nevertheless, and the meridian hour will in due time be struck.

The metric system of weights and measures was born of the French Revolution, a time when reverence for established things fell lower than zero, and gave way to a frenzied determination to shatter the ancient temple of civilization,

and build the future structure upon foundations entirely new. The system is said to have been devised by Talleyrand, Bishop of Autun, France, a man noted alike for his ability and his gross immorality—*un abbe malgre lui*. It was presented to the French National Assembly in 1791, and adopted in 1799, after the meridian measurements upon which the system is based had been made by competent engineers. The theory of the system is that the *metre* is the 40,000,000th part of the earth's circumference around the poles, or, what amounts to the same thing, the 10,000,000th part of a quadrant of the earth through Paris. The metre is therefore the *unit of length*. From this starting point the unit of capacity, the *litre*, was derived, being the cube of the 10th part of a metre. The *unit of weight*, the *gramme*, is the weight of the quantity of distilled water at 4°C (its maximum density) contained in the cube of the 100th part of a metre. The *unit of surface measurement* is the *are*, being the square of 10 metres. The unit of solid measurement is the *stere*, being a cubic metre. The latter two units are not used by the physician or pharmacist. Let us here, in part, recapitulate. We have the units of:—

LENGTH.—The *metre* = 39.370432 inches, or about 3 feet 3 inches 3-eighths (three threes).

CAPACITY.—The *litre* = 2.113433 pints, or a little more than a quart.

WEIGHT.—The *gramme* = 15.43234874 (or about 15½) grains.

These units are increased or diminished in the decimal ratio—*i. e.*, measurements greater or smaller than the metre, etc., are 10 times greater or smaller, or vary by some multiple of 10. It is well to bear in mind that the prefixes which indicate *increase* in quantity, or multiples of the initial unit, are of Greek origin, as:

<i>Dekametre</i>	=	10 metres.
<i>Hectometre</i>	=	100 "
<i>Kilometre</i>	=	1000 "
<i>Myriametre</i>	=	10000 "

Deka being the Greek word for 10, *Hecto* for 100, *Kilo* for 1000, and *Myria* for 10000. Of course, *litre* or *gramme* may be substituted for *metre*, giving us *dekalitre* (10 litres), *deka-gramme* (10 grammes), etc. On the other hand, prefixes that denote *decrease* in quantity, or subdivisions of the primary unit, are of Latin origin, as:

Decimetre = 1-10th metre.

Centimetre = 1-100th "

Millimetre = 1-1000th "

Students who remember the respective functions of the anterior and posterior spinal nerves by the familiar legend AMPS (anterior, motor; posterior, sensory;) will be aided in recalling the distinction between Greek and Latin prefixes by remembering the word GILD, as follows:

Greek

Increases;

Latin

Decreases.

The advantages claimed for the metric system are that it rests upon a scientific and stable basis; that every measurement bears a simple relation to the primary unit, computations being made by simply removing the decimal point to the right or left as required; that its general adoption facilitates international intercourse.

Fibro-Cystic Degeneration of the Testicle—Removal.

BY H. MICHENER, M. D. Halsey, Oregon.

In 1848 during the Cayuse War, following the Whitman massacre, five hundred volunteers were called from the Willamette Valley to aid in suppressing the Indian uprising. One of these volunteers was Wm. Sheppard and while riding a bucking broncho he was one day thrown on to the horn of

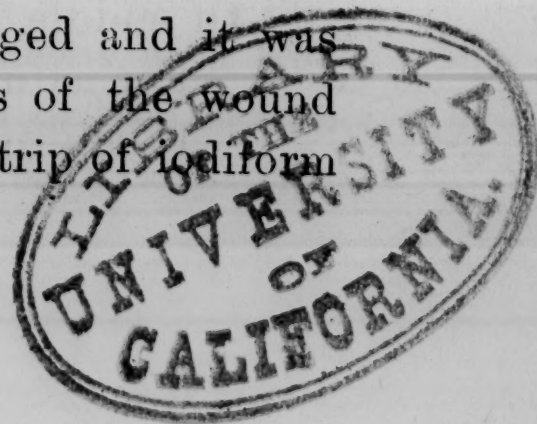
the saddle bruising his left testicle. It was quite painful for awhile but he served his nine months of enlistment without paying attention to it. The testicle never gave him any trouble but continued to enlarge until recently his scrotal development was enormous.

In the latter part of last June while climbing a fence he slipped and fell astride a barb-wire which, either punctured or else caused the scrotum to burst, when as he claimed, about a quart of foul smelling water escaped. On Sunday, July first, I saw him and the stench was almost unbearable and the old gentleman was fast failing. A blackish fluid was oozing from the wound in the scrotum. I syringed the cavity out with Asepsin solution and advised castration. His feeble condition and his age, 73 yrs., making the operation more formidable than it otherwise would have been.

Dr. Cain of Monroe was asked to assist in the operation and proved himself skillful with the knife.

July 3rd, we operated. The scrotal integument was adherent and we had to remove it with the testicle. The cord was cut down upon and the spermatic arteries tied off. The testicle was then dissected out. The lower third of the testicle was destroyed but the remainder measured five inches in length, seven inches in circumference, and the testicular walls were from one-half to one inch in thickness—the interior of the testicle being a cavity. When distended with pus its circumferential measurements were probably doubled. An elliptical piece of the scrotum was removed measuring five by seven inches in the widest diameters. The scrotum varying from one-half to one and a half inches in thickness.

The cavity or cyst formed by the testicle and and scrotum was lined by a calcareous deposit like that found in a tea-kettle. The testicle and scrotum had assumed a dense fibrous consistency. The arteries were enlarged and it was found necessary to ligate five. The edges of the wound were approximated by seven sutures. A strip of iodiform



gauze was inserted for drainage and the wound was then dressed with gauze prepared with Thiersch's solution.

The second day there was 2° of fever and none thereafter. The third day he sat up and at the end of a week he was walking around. The gauze drainage was removed on the third day and thereafter the wound was irrigated and dressed with a solution of asepsin. His health is fast improving and he bids fair to live many years yet.

Nature vs. Man's Adulteration.

Placid I am, content, serene,
I take my slab of gypsum bread,
And chunks of oleomargarine
Upon its tasteless side I spread.
The egg I eat was never laid
By any cackling, feathered hen,
But from the Lord knows what 'tis made
In Newark by unfeathered men.
I wash my simple breakfast down
With favorite chicory so cheap,
Or for the best black tea in town
Dried willow leaves I calmly steep.
And if from man's wild art I flee,
And drink pure waters from the pump,
I gulp down infusoriæ
And quarts of raw bacteriæ,
And hideous rotatoriæ,
And wriggling pologastricæ,
And slimy diatomacæ,
And hard-shelled ophyecercinæ,
And double-barreled bolpodæ
And various animalculæ
Of middle, high and low degree,
For nature beats all man's creation
In multiplied adulteration.

THE *CALIFORNIA* MEDICAL *JOURNAL.*

The Board of Examiners of the Eclectic Medical Society of California will, meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary, 412½ Post Street, San Francisco.

Miscellaneous.

Therapeutic Notes.

BY H. T. WEBSTER, M. D.

Pharyngitis Sicca and Jaborandi.—Pharyngitis sicca is a disease characterized by atrophy of the glandular structures of the pharyngeal mucous membrane, occasioned by fibrous changes, choking out of these organs resulting. The mucous membrane becomes thin, dry and shiny in appearance. This condition is attended by dryness and choking sensations in the throat, more or less difficulty in swallowing, huskiness of the voice, etc.

It is a difficult disease to treat successfully, remedies adapted to acute affections rarely doing any good. Phytolacca, so valuable in acute affections, is of no benefit whatever in this form of pharyngeal irritation; and we find this the case many times—that organic remedies which are valuable in acute affections of a part seem to exert little influence when a part is chronically diseased.

Dr. K. O. Foltz, in an interesting article on this topic—Pharyngitis Sicca—states that under treatment with jaborandi, assisted by a spray of salicylic acid dissolved in borax and water, two cases recovered, which had been subjected to

other treatment without avail. In one, there was dryness and tinnitus in the ear, which also recovered.

Sajous, in his work on the nose and throat, recommends jaborandi for the same purpose. Physiologically, jaborandi is selective of the pharyngeal mucous membrane; and if we can learn, for certain, that it corrects structural changes here, in chronic diseases, we will have advanced a little. This is a matter worth investigating.

Inflammatory Rheumatism and Jaborandi.—It is too bad that all the profession cannot be impressed with the fact that this is a wonderful remedy in inflammatory rheumatism. I have had little trouble with this disease since beginning to use jaborandi in its treatment. A few days ago I was called to attend a domestic, who had been crippling around for several days with a swollen ankle, and who was compelled to finally give up her place on account of the severe pain at night. I found the whole foot and ankle very much swollen, the swelling extending half way to the knee, the part exceedingly sensitive to the slightest pressure, somewhat reddened, and excruciatingly painful at night. Jaborandi removed all the pain in twenty-four hours, and the swelling in three days. Pretty prompt effects for a remedy in acute rheumatism, was it not? And this is not one of the single swallows that make a summer, but only a single instance of many that I have observed. Don't forget jaborandi in inflammatory rheumatism. In this case I used three fluidrachms of specific medicine in eight ounces of water, with enough alcohol to preserve it; dose, teaspoonful every hour, while awake.

Erigeron Canadense in Cholera Infantum.—We have so little cholera infantum in this section that my attention is seldom called to it, except as I read what the medical journals say about it. Much has been written in our Eclectic medical periodicals about its treatment this year, but they all omit the best remedy extant for true cholera infantum, viz., that form marked by gushing, serous evacuations, where

there is a large quantity voided. This is the most dangerous form of infantile summer bowel complaint, for it kills in a few hours, if not arrested. The remedy to arrest this is *Erigeron Canadense*. I use it in decoction, allowing the patient to drink of it freely, either warm or cold. It is also fully as useful in watery diarrhoeas in adults. It is always in full blossom at the time summer complaints are about. Every Eclectic ought to know this plant when he sees it growing, as it is common the world over.

Large and Small Doses.—Professor E. Younkin, editor of the *American Medical Journal*, inquires, "Should dosage be made a distinctive feature in schools of medicine?" Under this he descants as follows:

"Now, it will be admitted that comparatively small doses, administered for a long time, and frequently repeated, will in time gain a response from the system and maintain an impression until recovery results, but there are times when it is certainly more rational to give large doses than small ones. There are times when it is much better to bring the system at once under the influence of the drug indicated, and by so doing I believe we at once stop the invasion of disease and increase the chances of recovery. From one-fourth to one-half grain of morphia with one-hundred-and fiftieth grain atropia, administered hypodermically, will stop a case of cholera morbus in fifteen minutes. Would a thousandth of a grain repeated do that? No. Then we should be rational in selecting the size of the dose, as well as the indicated drug.

"I confess that I have but little confidence in size of doses often advocated even by some of our own school. Ten drops of green root tincture of gelsemium in four ounces of water; dose a teaspoonful every one or two hours, in convulsions, is not my dose. In children I would give from three to five drops at once, and in an adult, twenty drops to a teaspoonful, and feel that I was within all bounds of safety. A teaspoonful of tincture of macrotys is often better than ten

or twenty drops in four ounces of water; and with an agent like that, where no harm can come, a teaspoonful of the tincture at a dose is often to be desired.

"I do not wish to create an impression that we should be rash in dosage; it is always best to be within the bounds of safety. In prescribing irritant poisons, narcotics, and depressants generally, we must be especially cautious. We must take into account certain conditions, the degree of tolerance, and indications. Any idiosyncrasy that might be present, and often the intensity of the disease, will have to do with the size of the dose." etc.

Much of this is certainly to be commended. The wide-wake Eclectic will adapt his means to the proper ends. It is a good precaution, however, to educate students to the use of the small dose. They will soon enough begin to use large ones. If they do not overdo in this respect they will be fortunate. The most ultra small dose practitioners are those who have been through an unsuccessful practice with large doses, and have become disgusted with the uncertainties of medicine in its crudities. However, I do not think that under the circumstances named Professor Younkin would give much larger doses than I or many other modern Eclectics. We are apt to hustle around pretty lively while a child is having a convulsion, and ten drops of gelsemium at a dose would not look very large at such times. After the convulsion was arrested, however, the ten drops to four ounces of water would do very nicely to equalize the disturbance in the nervous centers and provide against a further attack. I can say that I rather like Professor Younkin's position on the question of dose.

The Bogie-Man.—Little children are awed by suggestions of the bogie-man. If they are naughty or noisy or obstreperous, tell them that the bogie-man will get them, and see how soon they will subside. It is marvelous how the human mind inclines to superstition before hard common sense. The superstition comes without the asking. The

common sense often comes only by education and years of experience. There is a tribe of South American Indians among whom the belief is grounded that a being inhabits the water of the Orinoco River, which assumes various forms at divers times—a female spirit, but appearing in the form of a horse, again as a manati, and again in some other form. When in bad temper she is apt to rise and drag the canoes and their crews under water. This is the bogie-man of the Orinoco Indians. Ignorance and superstition beget many beliefs.

The bogie man of some of our Eclectics is mercury. They are full of its stupenduous traditions. Mercury is a dangerous remedy, without doubt, and so is podophyllin. But I would rather take one of my doses of mercury than one of their doses of podophyllin. The bitter denouncers of mercury are usually (possibly not always) inclined to the use of large doses. I am in favor of very small ones, especially when I take or administer mercury. It is a part of my religion never to give a patient a remedy that I am not willing to take myself. The thousandth of a grain of mercury repeated three times daily, for a few days at a time has never hurt me, and I do not think it has my patients. I have practiced medicine twenty-five years. I ought to know a little something myself.

Medical Societies.

Oakland, July 24th, '94.

The Alameda Co. Eclectic Med. Association met in the rooms of the Society, 1065 Washington St. with the Pres. Dr. Church presiding.

Roll call showed present Drs. Church, Derrick, Fearn, Stetson, Stone, Van Kirk and Tucker.

The minutes of the previous meeting were read and approved.

Dr. Sharp, the essayist, having been called out, Dr. Church read the paper entitled "Congestive Apoplexy", describing a most interesting and instructive case in practice.

After a general discussion on the case the motion was made to adjourn.

Motion carried.

L. STONE, M. D. Sec'y.

New Remedies.

PONCA COMPOUND is the ideal alterative, tonic and restorative to the uterus, its appendages and other pelvic organs, exerting a direct action on the tissue metamorphosis, relieving impaired and enervated nerve structures and quickly reviving physiological functions. With me it is an old and tried remedy, almost daily prescribed for various lesions, when indicated, with very positive and flattering results, frequently far exceeding my most sanguine expectations and I have yet to chronicle an absolute failure in its therapeutic effects. In fact in the various diseases of the uterus and its appendages, such as metritis, endo-metritis, subinvolution, menorrhagia, metrorrhagia, leucorrhœa, dysmenorrhœa, ovarian neuralgia, irritations and inflammations, the menopause, often attended with a prolapsed and ulcerated condition of the uterus and cervix uteri, Ponca Compound stands without a peer, as nearly approaching a specific as the term will permit.

If time allowed I could multiply instances almost ad infinitum from my note book of cases in favor of the prompt and gratifying action of Ponca Compound. However, I have a case in memory in which I prescribed the preparation for extensive plastic exudations and uterine hypertrophy, the result of a protracted case of peri-uterine cellulitis, the uterus being immovable on bi-manual examination. After having

exhibited the remedy for about three months, the patient was entirely restored and the uterus returned nearly to its normal size. This case truly typifies the absorbent tendency of Ponca Compound.

CHAS. KELLEY GARDNER, M. D.

Huntington, W. Va.

THE UNITED STATES of America are excelling their mother countries and all other nations in so many industrial branches that it is not surprising to note that the art of preserving (sterilizing) concentrated milk in its pure state has been brought to its highest perfection by Americans. This fact has been conceded at three recent International contests, to-wit: at the Universal Exposition at Paris in 1889, at the World's Columbian Exposition at Chicago in 1893, and also at the California International Midwinter Fair, for all these contests the highest honors were captured by the Illinois firm who are the originators of pure unsweetened Condensed Milk, and whose product is known as Highland Brand Evaporated Cream. Its latest award received is a gold medal and diploma at the California Midminter Fair.

SECURITY AGAINST IMPOSITION.—This heading is suggested by and is particularly applicable to the new advertisement of the Antikamnia Chemical Company, which appears in this issue. Antikamnia, while not suffering anything like other standard preparations from substitution, has still found it in some few instances. To this end, therefore, that there may not be even the breath of suspicion against Antikamnia, as well as to give every doctor the fullest confidence, the company has gone to the expense of withdrawing all the old stock from the market and replacing it with new. In the new form the drug is identically the same chemically and medicinally as it always has been, but every tablet bears imprinted upon

it a monogram. (See advertisement.) Every package of Powder or Tablets is so wrapped and sealed, and resealed as to render counterfeiting impossible. The entire profession should insist upon the safeguards provided, and there can be no question but that this action will be regarded with great favor by them.

The latest edition "Antikamnia and Codeine" tablets, can be obtained direct, or from your druggist. Each tablet contains $4\frac{3}{4}$ gr. Antikamnia and $\frac{1}{4}$ gr. Codeine.

PAPINE is a perfect anodyne. One old lady said she had not had one fair night's rest, because of chronic rheumatism, for three months. Papine, one teaspoonful, gave a good night's rest, with no nausea, nor dull feeling next day. I have given Papine to patients who knew they could not take morphia, and they never had a symptom to make them think any preparation of opium had been taken. Wherever morphia is indicated, Papine is much more so.

I gave Papine to a patient with periostitis with deep abscess and gave the Papine daily for two weeks without, so far as I could see, impairing the appetite or deranging the stomach or bowels in the least.

J. H. BRIERLEY, M. D., A. B.

Cumberland, Iowa.

METRRORRHAGIA.—T. Henson Smith, L. R. C. P. & L. R. C. S. & L. M., Reddish Green, near Stockport, England, says:

I have found the Aletris Cordial useful, chiefly in cases of irregular and difficult menstruations. In one case, a girl of twenty, who has been under my treatment a year with irregular and painful menstruation, I have been able to afford complete relief by giving the Aletris Cordial in teaspoonful doses, commencing about two days before the period, and

during the time, of menstruation. I have also tried it in a case of dysmenorrhœa, with megrimes. The result has been to remove the dysmenorrhœa and relieve the headache. I have found it beneficial in many uterine cases.

IN TYPHOID FEVER.—Dr Joseph D. Rush, reports favorably in the *Virginia Medical Monthly*, two cases of typhoid fever, where results were obtained from the exhibition of Antikamnia and Salol.

1st. Female, æt. 24, married. Fever at end of seventh day reached 105° F. Calomel, sodium and quinia having failed, then gave

R

Antikamnia,

Salol, - - - - - aa. ʒss.

.M.—Make into twelve capsules. Sig.—One every three hours.

This treatment maintained for twelve days, secured convalescence. Alcoholic baths to the spinal column once a day, the diet being boiled milk and tea.

2nd. Male, æt. 13. Temperature, 105°, same treatment, same result.

He concludes that solol as an internal antiseptic combined with the antipyretic qualities of antikamnia, promises all that can be desired in the treatment of low and continued fevers with bowel complications.

“Antikamnia and Salol Tablets” are put up in exactly the dosage as given above, each tablet containing 2½ grs. Antikamnia and 2½ grs. Salol, by the Antikamnia Chemical Company, St. Louis, Mo., which please specify.

THE London *Lancet*, during four months of the late season, collected from the press the following results of foot-ball playing: Five deaths; two concussions of the spine; one

concussion of the brain; one fracture of the thigh; sixteen fractures of the leg; nine fractures of the clavicle, and two of the arm. Are results such as these necessary? If so, the game fails to commend itself to rational observers. But if these are unavoidable, then the game should be so modified as to avoid them.—*American Lancet*.

DOKTORS are not all quaks; you hav got wrong noshuus about this. Doktors, lawyers, and ministers hav a hard row to ho; they hav to deal with kredulity, navery, and fears ov the people—three ov the most diffikult traits in human natur tew handle. If i was a doktor and understood my bizzness, i should doktor my pashunts, and let the disease tak care of itself. More folks are cured in this way than enny other.—*Josh Billings*.

DOES Miss Broadman get her lovely complexion from her father, or her mother?

From her father. He's in the drug business.—*Chicago News*.

Customer.—"This overcoat you sold me last fall is worn so thin I can almost see throught it."

Dealer.—"Yaw. Dat ess our patent sanitary overgoat. Ven you leave it off in der spring you von't catch cold."

Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good ocations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary

Any advertised loeation in this JOURNAL that has been filled,

please notify the secretary, that its publication may be withdrawn

The following locations have been sent in for publication:

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of San Francisco. Office rent free. Reason for selling, ill health. Address, "DOCTOR," California Journal Co., 1420 Folsom st., San Francisco.

FOR SALE, or rent; my home and horse. Only physician and druggist in town. Nearest doctor fifteen miles away. Good R. R. prospects. Will sell everything. Good place for the right man with some money. Address "Physician and Druggist." Bieber Lassen Co. Cal.

BEST LOCATION in the state for a physician with some money. For particulars enquire of Calif. Drug Co. 1420 Folsom St. S.F.

WANTED—A position as substitute, or assistant to a busy general practitioner, or eye and ear specialist. Would accept position in a drug store. Good references. Address: National Medical Exchange, Eckhardt, Indiana.

A good opening in Inyo county. Present physician leaving on account of ill health and advancing years. Apply to John Fearn, M. D., P. O. Box No. 1, Oakland, Cal.

FOR SALE—in the country a Doctors location, consisting of a store and small stock of drugs, a new house with grounds, a horse, buggy, cart and a practice of from \$2500 to \$3000 a year. For particulars enquire of this JOURNAL.

FOR SALE—or to exchange for a home in the country, a city drug store, stock valued at \$1,200, and practice connected with the same, embracing position as Lodge physician to Foresters with drug contract for lodge. Also Physician to Society of the World, a splendid new order. Address, Physician and Druggist, 1401 Church St. San Francisco.

Also two good locations in the country for active workers.

All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly

J. C. FARMER, M. D., Sec'y,
921 Larkin St.
San Francisco.

Locations for Eclectics.

Cincinnati, O., April 23rd, 1894

Editor, CALIFORNIA MEDICAL JOURNAL,

Dear Sir:—Pursuant to the request of Alexander Wilder M. D., Secretary of the National, I enclose you for publication, all of the locations for Eclectic Physicians, which I have received up to the 20th.

Respectfully,

J. K. SCUDDER.

A good town of 3,500 in Kentucky. A middle aged, high-potency Eclectic or low-potency Homœopath preferred. Address with stamp Jas. A. Young, M. D., Hopkinsville, Ky.

Denver, Col. Good office. Address Dr. E. M. McPherson, 2103 Larimer st.

Perin, Ill. Address A. H. Hatton.

Springfield, Neb. Address L. A. Bates.

Stafford, Conn. Address E. M. Douley, M. D., Montville, Conn.

Barry, Pike County, Ill. 2,000 inhabitants. Eclectic just died. Address with stamp, L. A. Coley, Pittsfield, Ill.

Manistique, Mich. 4,000 inhabitants; 6 churches, good schools and roads. Good opening for surgery. Address Dr. O. C. Bowen.

Hartford, Conn. Owing to the death of Dr. H. J. Wiers, there is a good opening for an active Eclectic. Address Mrs. Dr. H. J. Wiers.

Warren, Ind. 2,000 inhabitants. surrounded by a fine farming country. An Eclectic will do well here. Address Sylvanus Finkle, Warren, Ind.

Mian, Ind. Good town, fair country; 42 miles from Cincinnati. No opposition. Address George E. Parsons, M. D., Delaware, Ind.

A good location for an expert operator. Must be an Eclectic, and fully up to the most modern ideas in the treatment of the eye and ear. Address W. F. Curryer, M. D., 32 Massachusetts ave., Indianapolis, Ind.

LOCATIONS IN WASHINGTON. Address W. M. Smith, M. D., Montesano,

Olympia, capital of State; population 5,000 or 6,000.

Seattle, on Puget Sound; the largest and most flourishing town in the State.

Roquiam; on Gray's Harbor; population 800. No Eclectic.

Montesano (county seat), Chihalis Co.; population 1,000.

THE *CALIFORNIA* MEDICAL *JOURNAL.*

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D. MACLEAN, M. D., M. E. VAN METER, M. D., C. N. MILLER, M. D.,

EDITORS.

Terms: \$1.50 per annum, In Advance.

The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, California.

Editorial.

Our Journal.

A month or even a year is a short space of time in which to accomplish much in the development of a monthly medical journal, but by a steady and healthy growth success will ultimately be achieved.

We are glad to report that on the whole there seems to be a continued improvement in the condition of OUR JOURNAL. It is gaining friends and being filled with much more varied, more practical and more scholarly articles.

The present number will compare favorably with any we have before issued, all things considered it is probably the best, and is well worth careful perusal by any live practitioner.

We hope the Eclectic physicians of the coast will not weary in well doing. Do not cease your efforts. In fact you have not yet begun to work. There is not a single physician of our school that does not owe to himself as well as to our cause the duty of writing at least occasionally for OUR JOURNAL.

In no other way can individual growth and general progress be so easily and surely accomplished. Writing means thought, mental effort, study; and that is the road to ability.

Give to our physicians high attainments; keenness and precision in diagnosis; great resources and judgment in prescribing; skill in operating, and a moral force that will command public respect, and the other schools may have the rest. These things are within our reach. OUR JOURNAL is anxious to lead the way to their achievement. Work with us friends and remember that the best way, the surest way, to help yourselves and one another is to work for OUR JOURNAL.

W. E. Bloyer, M. D., editor of the *Medical Gleaner*, of Cincinnati, one of our most valued exchanges, writes as follows:

"Allow me to congratulate the pilots of the CALIFORNIA MEDICAL JOURNAL. It is very much improved in every particular; matter, make-up, appearance—all. It is a credit to Eclecticism. Long may she wave! Success to you all."

Far To The Westward.

On July 19th we went aboard the steamer Walla Walla after saying goodbye to many friends and to a good number of the students of the California Medical College, who kindly came down to see us off, and who remembered us with two beautiful tokens of their well-wishes, viz; a fine French field-glass, from the Senior class, and a folding drinking-cup

of Sterling silver and fittingly inscribed, from the Juniors.

The trip from San Francisco to Port Townsend took about eighty hours, instead of sixty, on account of a severe gale which we encountered soon after leaving the Bay, and which continued during the whole trip. We did not suffer very much from sea-sickness though we were more or less sick the whole time.

At Port Townsend we were transferred to the Str. Queen and from Pt. Townsend to Sitka we had a most delightful trip. The passage all the way being inland, i. e. through bays, straits and channels. The Queen being an 'excursion' boat, she was loaded with a large list of passengers, among whom were many very nice people including several eminent physicians, Dr. Marcy of Boston being one of them.

By being with the excursionists, we had our journey much lengthened and saw all of the great sights, for which this wonderful country is noted. Our first stop was at Ft. Wrangle where we remained for eighty hours. The town consists of two "trading stores" and a conglomeration of houses, huts, "totem poles,"—one of which is said to be four hundred years old—Indians, half-breeds and dogs.

Our next stop was in Takou bay. Here we saw the first glacier, and the boats crew spent about three hours taking on ice from the floating pieces which were constantly falling into the water. The glacier ice is of a deep indigo-blue; said to be caused by the absorption of certain rays of light.

We next visited the native Treadwell mine. This mine is situated on Douglas Island and has the largest stamp-mill in the world, having two hundred and forty stamps, all running at the same time, and making such a noise that nothing else can be heard. A person putting the mouth close to another's ear and screaming at the top of the voice, was no more heard than if speaking in a whisper.

We next visited Juneau, about three miles distant, but on the main land. This seemed to be quite a business point,

as to trading with the natives and fitting out prospectors and mining companies for other parts of the territory and Yukon country. From Juneau we went up into Chilcat Bay and had a look at the Davidson glacier. On the following morning at 7.30 A. M. we reached the famous Muir glacier. We cast anchor about a mile distant, to keep out of the way of the waves caused by the 'bergs' as they, ever and anon, plunged with a thunderous roar down into the water.

After breakfast boats were lowered and we were put ashore on the moraine just to the side of the front of the main body of ice. The 'moraine' is composed of every form of disintegrated rocks, boulders and sand, which is being brought down from the mountains and is having a free ride to the ocean. We had all traveled for at least a mile over this moraine before we knew that there was beneath us a sub-stratum of ice of unknown depth. After a scramble of another mile or more we came up to the ice free of moraine, then a scramble of another half mile landed us upon the top, and what a sight! It must be seen to be appreciated, but even then can not be comprehended. Think of a body of ice thirty-five miles long and ranging from two to ten miles in width, and being fed on either side by other glaciers, embracing in all thirty-five square miles. With a supposed thickness of nine hundred feet (three hundred above water and six hundred below) and traveling at the rate of seventeen feet per day, grinding the mountain sides into a conglomerate debris and crowding out into the open sea, through a passage one and a quarter miles wide. The last mentioned distance represents the face of the glacier as it comes into the bay. This squeezing together breaks the ice filling it with gigantic fissures and crowding the ice up into lofty peaks it makes the upper surface as uneven as the most rugged mountain. Farther back it is more nearly level, but everywhere filled with dangerous crevasses.

The day of our visit the weather was clear and quite pleasant, and walking made all uncomfortably warm, though

dressed only as on the boat and using no wraps. We plucked a beautiful little flower which was growing in some sand upon the ice, and which may have come many miles. We remained here four hours.

We passed many other glaciers, one of the most noted being the Eagle glacier. We arrived at Sitka June 27th and were detained there eleven days though we were assured before starting that the boats made connection.

While in Sitka we had rather an eventful time. We attended High Mass, by the Bishop, a wedding and a funeral all in the Greek Church. Also attended the trial of some mutineers, which was amusing as well as interesting. The mutineers were Indians from Victoria, and spoke the Chinook language while the natives at Sitka speak Klinkit; hence it required two interpreters. The Judge or District Attorney would ask the question, in English, to a Russian who could speak Klinkit, and he would translate it into Klinkit and propound it to a Siwash or Sitka Indian who would translate it into Chinook and give it to the prisoner. The answers have to travel the same road but in an opposite direction. During our stay thirteen cannibals were brought in. They had been ship-wrecked in the Bering Sea, and starvation had driven them to the deed. One man died and was buried; later another died and was eaten; then the one who had been buried was dug up and they were feasting upon him—though dead two weeks—at the time they were picked up. There was also an Indian doctor in jail for killing a "witch." It seems that the doctor treated some one who did not recover—something that sometimes happens to the rest of us—and in order to save his reputation he had to blame some one else—a thing that other doctors sometimes do—with his failure, so casting about he found an old woman whom he said—and without any reason for so saying—had bewitched his patient, and he proceeded to wreak vengeance upon her to satisfy his injured dignity.

While in Sitka we also visited the Presbyterian Mission,

which is situated one mile from the main town. A wonderful work has been done here, and is a striking illustration of the difference in Catholic and Protestant influences.

Sitka, proper, has been under the influence, yea, control of the priest-hood for nearly a century, and yet the natives live and do the same. It is true that they live in houses instead of huts, but they have the same dirt, filth and squalor. They hunted and ate fish then, they do the same now. Dried fish is to be seen and *smelt* everywhere; in their houses, under their beds, on the walls, over their heads, and on scaffolding in front of their doors. Add to this, the dirty children, dogs, and offal of all kinds, and it strikes one that not much has been accomplished. The whole aim of the priests seems to have been directed to teaching them the forms of the church and to getting the products of their labor, either in money or furs. How different at the Presbyterian Mission! Here they have ten buildings. One large building for the boys' dormitory, with halls and class room, and living rooms for some of the teachers. Another large building contains dormitory for girls, dining-room kitchen, sewing-room, and rooms for other teachers. In another building is the laundry and bakery. In another is a shoe shop, where the boys make all the shoes for the mission and many to sell, and they do really fine work and talk knowingly of the different kinds and grades of leather and their values. In another building is the carpenter shop. There are two commodious hospital buildings, one for the boys and one for the girls; also a nice church and a building for a museum, which is said to contain five hundred thousand dollars in curios. In another building is a silver-smith. Everything is kept in perfect order. The number of students range from eighty to one hundred and fifty, and all seem bright, happy and industrious and full of music. They have a brass band composed entirely of native boys. They also have a resident physician. They all attend church twice on Sundays and have prayer-meeting one evening in the week.

The service in the church was conducted through an interpreter. It is given first in English, to the students, all of whom readily understand, and then by an Indian interpreter to the parents of the children and other non-English-speaking Indians a number of whom have united with the church. After the first part of the service is over, it is turned into a prayer-meeting and both men and women lead in prayer—in their native tongue—some of which are quite long—we mean the *prayer*, and not the *tongue*.

We celebrated the "Fourth" in Sitka, and witnessed the native games. They seemed to be quite patriotic and did all the celebrating.

We left Sitka on the Str. Dora, on July 10th, and went first to Yakutat, and had a grand view of Mt. St. Elias on the way; thence we went to Nutschuck and from there to Kodiak, where we stayed twenty-four hours and during the night we were called ashore and delivered a native of a six-months child, for which we got fifteen dollars. From Kodiak we came to Unga our present stopping place. We are now one thousand miles west of Sitka, which is one thousand seven hundred miles north-west of San Francisco.

It is only a few miles across the land to Behring sea. Unga Island is covered with flowers, but we are told that the winters are quite cold. Have improved in health but do not know how long we shall remain here or where we may go before returning to the city and to routine work. We were twenty-eight days reaching this island, barring the stop in Sitka we were nineteen days.

Best wishes to all.

M. E. VAN METER.

BOOK NOTES.

MACROBIOTIC OR OUR DISEASES AND OUR REMEDIES.—For practical physicians and people of culture. By Julius Hensel, physiological chemist. Translated by Prot. Louis H. Tafel of Urbana University, Ohio. From the sec-

ond revised German Edition.

Published by Boericke & Tafel, 1011 Arch Street Philadelphia. Price, cloth, by mail, \$1.60.

In this valuable work the author has endeavored to supply to the medical practitioner a clear view of the chemical processes which occur in the human body.

He has throughout ascribed the origin of internal diseases to a *diminished electric force*, the cause of which may be found either in respiration of oxygen insufficient in itself, or in the more difficult absorption of the quantity of oxygen required for the prosecution of our vital functions, owing to a diminished number of red blood corpuscles, or in strong emotions of the mind, or in atmospheric influences, or in the reduction of the nervous tension in special regions of the body owing to a partial check in the circulation of the blood.

As a tangible cause of the diminution of the blood disks which absorb the oxygen, he points to the insufficiency of the amount of sulphur, lime and iron contained in many articles of food. He makes especially prominent the loss of electrifying blood-salts, which loss is not sufficiently compensated by food, as being by far the most frequent cause and one hitherto not sufficiently considered, producing a diminished electric tension of the nerves and thence fatal maladies.

This daily loss of blood-salts is thoroughly natural, because the urea resulting as a product from respiration, requires mineral salts in order to combine with them into permanent combinations of double salts. If the urea does not find enough natural salts in the blood, it is changed by the chemical absorption of water from the venous blood into carbonate of ammonia, which produces paralysis of the nerves, blood-poisoning and even leads to putrescence.

The author develops and proves by the aid of chemistry these fundamental principles in a way that is not only scientific but surprisingly fascinating.

The work consists of Anatomical, Physiological, Pathological and Therapeutical parts. It thus becomes of the greatest utility and practical value to the physician in his study of disease and its remedies.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—nearly all—the standard remedies for this well-known ailment. I was well nigh crazed with the intolerable itching, pricking, sticking, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,
CINCINNATI, OHIO.**

**"A little fire is quickly trodden out;
Which, being suffered, rivers cannot quench."**

—SHAKESPEARE.



THIS is simply another way of calling attention to the teaching of experience in the treatment of the summer diarrhoeal disorders of children. In their inception these cases are essentially dyspeptic and can be quickly remedied by

LACTOPEPTINE. "Being suffered" to continue they become truly inflammatory and are accompanied by septic fermentation, auto-infection, fever and general exhaustion.

We ask especially, Doctor, that you give **LACTOPEPTINE** a fair trial in such cases, because we realize with you that "practice is to theory what the feet are to the head."

**The N. Y. Pharmacal Ass'n,
YONKERS, N. Y.**